

09-832867

| POSITION | INITIAL | ID NO. | DATE |
|---------------------------|---------|--------|--------|
| FEE DETERMINATION | Y | | |
| O.P.E. CLASSIFIER | | 59 | 5/4/ |
| FORMALITY REVIEW | MD | 579 | 6/8/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX F CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet her

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